

SUPPORTING DOCUMENTS

5.10

STATE “NEGOTIATED” PERFORMANCE MEASURES

SUPPORTING DOCUMENTS

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NATIONAL OUTCOME MEASURES

DETAIL SHEETS

OUTCOME MEASURE**Type: Outcome****Category: N/A****The infant mortality rate per 1,000 live births.**

GOAL

To reduce the number of infant deaths.

MEASURE

Infant (from birth through 364 days) deaths per 1,000 live births.

DEFINITIONS**Numerator:** Number of deaths to infants from birth through 364 days of age.**Denominator:** Number of live births.**Units:** 1,000 **Text:** Rate per 1,000**HEALTHY PEOPLE 2010
OBJECTIVE**

Objective 16-1c: Reduction of infant deaths (within 1 year) to 4.5 per 1,000 live births. (Baseline: 7.2 in 1998)

**DATA SOURCE and DATA
ISSUES**

Vital records collected by the State.

SIGNIFICANCE

All countries of the world measure the infant mortality rate as an indicator of general health status. The U.S. has made progress in reducing this rate, but the rate of decline has slowed in the last 10 years. There is still significant racial disparity, as noted in the Healthy People 2000 Mid-course Review. Rates are much higher in the lower social class and in the lowest income groups across all populations.

OUTCOME MEASURE

Type: Outcome
Category: N/A

The ratio of the black infant mortality rate to the white infant mortality rate.

GOAL

To reduce the disparity (ratio) between the black and white infant mortality rates.

MEASURE

The ratio of the black infant mortality rate to the white infant mortality rate.

DEFINITIONS

Numerator: The black infant mortality rate per 1,000 live births.

Denominator: The white infant mortality rate per 1,000 live births.

Units: 1 **Text:** Ratio

HEALTHY PEOPLE 2010
OBJECTIVE

Objectives 16-1c: Reduce all infant deaths (within 1 year) to 4.5 per 1,000 live births. Objective 16-1d: Reduce all neonatal deaths (within the first 28 days of life) to 2.9 per 1,000 live births. Objective 16-1e: Reduce all postneonatal deaths (between 28 days and 1 year) to 1.5 per 1,000 live births. (Baselines [all 1997] - Infant deaths: White = 6.0 and Black = 13.7; Neonatal deaths: White = 4.0 and Black = 9.2; Postneotatal deaths: White = 2.1 and Black = 4.5)

DATA SOURCE and DATA
ISSUES

Vital records collected by the State.

SIGNIFICANCE

All countries of the world measure the infant mortality rate as an indicator of general health status. The U.S. has made progress in reducing this rate, but the rate of decline has slowed in the last 10 years. There is still significant racial disparity, as noted in the Healthy People 2000 Mid-course Review. Rates are much higher in the lower social class and in the lowest income groups across all populations. The disparity (ratio) for black infant mortality is over twice the white rate. Black women are twice as likely as white women to experience prematurity, low birth weight, and fetal death.

OUTCOME MEASURE

Type: Outcome
Category: N/A

The neonatal mortality rate per 1,000 live births

GOAL

To reduce the number of neonatal deaths.

MEASURE

The neonatal death rate (deaths to infants under 28 days) per 1,000 live births.

DEFINITIONS

Numerator: Number of deaths to infants under 28 days.

Denominator: Number of live births.

Units: 1,000 **Text:** Rate per 1,000

HEALTHY PEOPLE 2010
OBJECTIVE

Objective 16-1d: Reduce all neonatal deaths (within the first 28 days of life) to 2.9 per 1,000 live births. (Baseline: 4.8 in 1998)

DATA SOURCE and DATA
ISSUES

Vital records collected by the State.

SIGNIFICANCE

Neonatal mortality is a reflection of the health of the newborn and reflects health status and treatment of the pregnant mother and of the baby after birth.

OUTCOME MEASURE

Type: Outcome
Category: N/A

The postneonatal mortality rate per 1,000 live births

GOAL

To reduce the number of postneonatal deaths

MEASURE

Postneonatal (28 to 364 days) deaths per 1,000 live births.

DEFINITIONS

Numerator: Number of deaths to infants 28 through 364 days of age.

Denominator: Number of live births.

Units: 1,000 **Text:** Rate per 1,000

**HEALTHY PEOPLE 2010
OBJECTIVE**

Objective 16-1e: Reduce all post-neonatal deaths (between 28 days and 1 year) to 1.5 per 1,000 live births. (Baseline: 2.4 in 1998)

**DATA SOURCE and DATA
ISSUES**

Vital records collected by the State.

SIGNIFICANCE

This period of mortality reflects the environment and the care infants receive. SIDS deaths occur during this period and have been recently reduced due to new infant positioning in the U.S. Poverty and a lack of access to timely care are also related to late infant deaths.

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OUTCOME MEASURE

Type: Outcome

Category: N/A

The perinatal mortality rate per 1,000 live births plus fetal deaths.

GOAL

To reduce the number of perinatal deaths.

MEASURE

Perinatal deaths (neonatal deaths under 7 days and fetal deaths of 28 weeks' gestation) per 1,000 live births.

DEFINITIONS

Numerator: Number of fetal deaths 28 weeks' gestation plus deaths occurring under 7 days.

Denominator: Live births + fetal deaths.

Units: 1,000 **Text:** Rate per 1,000

**HEALTHY PEOPLE 2010
OBJECTIVE**

Objective 16-1b: Reduce the death rate during the perinatal period (28 weeks of gestation to 7 days or less after birth) to 4.5 per 1,000 live births plus fetal deaths. (Baseline: 7.5 in 1997).

**DATA SOURCE and DATA
ISSUES**

Vital records collected by the State.

SIGNIFICANCE

Perinatal mortality is a reflection of the health of the pregnant woman and newborn and reflects the pregnancy environment and early newborn care.

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OUTCOME MEASURE

Type: Outcome
Category: N/A

The child death rate per 100,000 children aged 1 through 14.

GOAL

To reduce the death rate of children aged 1 through 14.

MEASURE

Child death rate for 1 through 14 year olds per 100,000 children in that age range.

DEFINITION

Numerator: Number of deaths among children aged 1 through 14 years.

Denominator: Number of children aged 1 through 14.

Units: 100,000 **Text:** Rate per 100,000

**HEALTHY PEOPLE 2010
OBJECTIVE**

Combination of Objectives 16-2a: Reduce deaths in children aged 1 to 4 years to 25.0 per 100,000 in that age group. (Baseline: 34.2 in 1998. Objectives 16-2b: Reduce deaths in children aged 5 to 9 years to 14.3 per 100,000 in that age group. (Baseline: 17.6 in 1998). Objectives 16-3a: Reduce deaths in adolescents aged 10 to 14 years to 16.8 per 100,000 in that age group. (Baseline: 21.8 in 1998).

**DATA SOURCE and DATA
ISSUES**

Child death certificates are collected by State vital records. Data on total number of children comes from the Census.

SIGNIFICANCE

While children's likelihood of survival increases dramatically after the first year of life, the child death rate remains of concern. The child death rate has decreased in the last decade, falling from 33.8 in 1985 to 28.8 in 1992. The DHHS's strategic plan identifies improvements in the rates of preventable death as part of priority goals for children and youth.